

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/869333</b>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		/		/			52			
3		2		/			53			
4		2		/			54			
5		2		/			55			
6		2		/			56			
7	/		/				57			
8		/		/			58			
9		2		/			59			
10							60			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		2				TOTAL IND.			
TOTAL DEP.	12		7				TOTAL DEP.			
TOTAL CLAIMS	14		9				TOTAL CLAIMS			

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